

Trauma Survivors Network

A guide for patients and
their loved ones.





This guide has been developed for you by the Trauma Center at Danbury Hospital in collaboration with the Trauma Survivors Network (TSN) of the American Trauma Society. We hope this information will be helpful to you, the patient or your loved ones during the hospital stay.

At the back of this guide, there is room to take notes and to write down questions for the hospital staff. You can use this to make sure you get all your questions answered.

We also encourage you to visit our TSN website at: traumasurvivorsnetwork.org/trauma_centers/182 to learn about the services this program provides.

In the Nuvance Health System, we exist to pursue the impossible. To provide personal, imaginative, agile and connected care to improve the lives of those in our community. We believe that by living our values we can elevate the standard of trauma care for our community members and provide much-needed access to specialized services for the region and redefine how we care for our injured population.



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Arrival

In this section, you will find useful information for navigating Danbury Hospital, an explanation of what happens upon arrival at the hospital, information on visitation and the important role of the family or loved ones during the hospital stay.



Introduction

We are here to help

Trauma is an unexpected occurrence. Hardly anyone thinks, "I'm going to get hurt today." A sudden injury, being in the hospital and going through recovery can cause anxiety, fear and frustration. You or your loved one may feel confused and frightened by some things you hear and see, and may not understand some of the words being used. This experience of advanced medical care may be a whole new world for you or your loved one.

We hope that the information in this guide will help you better cope during this difficult time. It includes basic facts about the most common types of injuries and their treatments, the patient care process and hospital services and policies.

Level 2 trauma center

Danbury Hospital, Norwalk Hospital and Vassar Brothers Medical Center are currently designated as Level 2 "Trauma Centers" by the American College of Surgeons Committee on Trauma and by the respective states in which they operate. Because of this, our hospitals constitute a regional trauma system. Integration and coordination between them allows for the use of "best practices" in trauma care, similar to regional trauma systems across the country. While New Milford, Sharon, Putnam and Northern Dutchess Hospitals are not currently verified as Trauma Centers, they do participate in the care and initial treatment of trauma patients.

Immediately after an injury

Arrival at the hospital

Here is what may have happened so far...

Most likely you or your loved one were brought to the emergency department (ED) by an ambulance or helicopter. The trauma staff can tell you which service brought you or your loved one to the hospital.

During the transport, the emergency medical services (EMS) were in radio contact with the hospital. They gave information about your or your loved one's injuries. This allows the team at the trauma center to be ready to provide treatment as quickly as possible.

The trauma team typically includes:

- Trauma surgeons and surgical residents
- Emergency department physicians
- Anesthesiologists
- Nurses
- Respiratory therapists
- Radiology technicians

The team is ready 24 hours a day, seven days a week. Also, board-certified specialty doctors are on call to help with care.

Initial assessment

Trauma care at the hospital begins in the ED.

It includes:

- An exam to find life-threatening injuries
- X-rays, ultrasound and perhaps a CT scan so that doctors can better understand the extent of the injuries
- If needed, transfer to the operating room (OR) for surgery. The OR is staffed by an experienced team
- Admission to the inpatient units

How the hospital cares for families and loved ones

Initially, the patient is evaluated in the ED. Please note that the ED trauma room is under restricted access.

While the patient is being assessed, the family can't be present in the room. A member of the medical team will keep the family, friends or support person informed as soon as possible.



Why a patient may have a fake name

Sometimes the hospital does not know the name of the patient. To make sure that doctors can match the right lab and other reports with that patient, the hospital may give the person a fake name. These names may be "Jane Doe" or "John Doe."

The fake name may have made it hard for you to locate your loved one at first. When your loved one has been properly identified, the medical record will be updated to their real name. If the patient is a victim of a crime, they may keep this fake name for safety reasons.

Visitors are important

Visiting is a time to be with your loved one, ask questions and meet with staff. Comforting visits from friends and family may help with the healing process. Family and close friends know the patient better than anyone else and may make a difference in treatment. Visiting is often a good time to begin learning how to take care of your loved one at home.

You may have to wait before you can visit your loved one. Visits are often limited for patients with brain injuries.

We are here to help

Feel free to ask for help finding a patient room, department, etc. All our employees, doctors and volunteers wear ID badges.

Family waiting rooms

Each inpatient floor has a family waiting room. Your provider (doctors, nurses, patient care technicians) can guide you to the exact location.

Wireless internet access

Free wireless internet service is available throughout the hospital and in all patient rooms. The **"NVH-GUEST"** wireless network is for hospital guests and visitors.

Goldstone Caregiver Center at Danbury Hospital

The Goldstone Caregiver Center is located near the main entrance of the Buck Pavilion.

As a caregiver, you may be struggling physically, emotionally or spiritually during this journey. Recognizing that healthy self-care is essential, the Goldstone Caregiver Center provides support to caregivers in a variety of ways. You don't have to be caring for a patient of Nuvance Health to access our support and programs.

Goldstone Caregiver Center hours

Weekdays: 11 am – 5 pm (hours subject to change)

Weekends and holidays: Closed



The healthcare team needs a family's help

The primary job of the trauma team is to treat patients. We need your help in taking care of your loved one and making sure they get the best care possible. Here are things you can do to help us and your loved one.

Take care of yourself

Worry and stress are hard on you, and you need strength to offer support to your loved one. The trauma team understands that this time can be just as stressful for family and friends as it is for patients.

Be sure to continue taking any medicines that your doctor has prescribed for you. Take breaks. Go for a walk around the hospital campus. Getting plenty of sleep and eating regular meals may help you think better, keep up your strength and prevent illness so you can be there for your loved one when you are needed.

Ask for help from your family and friends

Do not hesitate to ask for help. Make a list in the back of this guide so you will be prepared to accept help when friends offer. Friends often appreciate being able to help and be involved in the patient's care.

Ask questions and stay informed

The trauma team knows how important regular updates are to family and friends. The family is an important part of the healthcare team. It helps if you choose one person (support person) from your group to represent the family. This allows staff to focus on caring for the patient instead of repeating the same updates.

Help maintain a restful and healing place

When you are visiting, please talk in a quiet voice. Your loved one needs quiet and families deserve your courtesy. To help maintain a healthy environment, the hospital counts on your help.

Please:

- Observe the visiting hours for the area you are visiting.
- Do not sleep in patient rooms or waiting rooms unless you have permission.
- Respect other patients' right to privacy.
- Leave the patient room or care area when asked by hospital staff.
- Knock or call the patient's name softly before entering if a door or curtain is closed.
- Know the medical record is a private document.
- Wash your hands before you go into a patient's room and when you come out.
- Do not visit if you are not feeling well or have an illness that could be transferred to our patients.
- Talk with the patient's nurse before bringing any children under the age of 16 into a patient's room.
- Provide adult supervision for young children in all areas of the hospital.
- Respect the property of other people and of the hospital.
- Do not ask other patients and families about private details of their care.
- Respect the rights of all patients and hospital staff.



When you think of questions during the day, write them down. Be sure to ask the doctor these questions when you see them. You will want to ask questions until you understand the diagnoses and options for treatment. It's all right to ask the same question twice. Stress makes it hard to understand and remember new information. Ask until you understand. Write down what you are told so you can accurately report the information to others. We have provided space throughout this handbook to write down your questions and the answers.

Stay

In this section, you will find answers to questions that may come up during the hospital stay.



After evaluation, you or your loved one will be moved to another unit in the hospital based on the extent of the injury.

You or your loved one may first be moved to the intensive care unit. When ready, the next move may be to a step-down unit or another unit in the hospital. This next move will only happen when the trauma team believes you or your loved one is ready.

Each room has a white communication board. On it, the nurse writes the names of staff members who will be working with you or your loved one each shift, each day. The nurse will also list the goals and activities for each day. Please review your whiteboard with your nurse.

The hospital staff does its best to let family and friends know when a patient is moved from one unit to another. If your loved one has been moved and you do not know where they have gone, please call the hospital operator at **(203) 739-7000**.

Hospital units that care for trauma patients

Intensive care unit (ICU) or surgical intensive care unit (SICU)

A team of doctors, physician assistants and nurses trained to take care of seriously injured patients are part of the healthcare team assigned to care for patients in the ICU or SICU. The healthcare team will begin a plan of treatment with you or your loved one.

Step-down unit

A step-down unit is the next step after showing signs of improvement in the ICU. Depending on the care needed, you or your loved one may go straight to the unit from admitting.

Medical care unit

You or your loved one may be moved to this unit if ICU or SICU care is not necessary or no longer needed.

Caring for children

Some pediatric trauma patients are admitted to our pediatric floor. For pediatric trauma patients with extensive injuries, we have partnered with Connecticut Children's Medical Center (CCMC), Yale New Haven Health and Westchester Medical Center (WCMC) for continued care. Transfer to our partner facilities is arranged by the medical provider and support staff.

Helping children

Be direct, simple and honest. Explain what happened in terms that the child can understand. Encourage the child to express feelings openly. Crying is a normal reaction. Accept the child's emotions and reactions; be careful not to tell the child how they should or should not feel. Maintain as much order and security in the child's life as possible. Be patient. Know that children need to hear "the story" and ask the same questions again and again.



A typical day in the ICU or SICU

You or your loved one may be connected to equipment that gives medical staff important information.

This equipment:

- Monitors patients
- Delivers medicine
- Helps patients breathe

Do not worry if you hear alarms. Some alarms do not need immediate attention. The staff knows which ones to respond to.

In the morning, the trauma team "rounds" to each patient's bed to do exams, check progress and plan the patient's care. This time is valuable for everyone involved in the care of your loved one. Family members are encouraged to be involved in the patient's plan of care.

Physical therapists, occupational therapists and nursing staff work together to help patients begin to move normally and regain strength.

For instance, they may:

- Raise the head of the bed
- Turn a patient every two hours
- Help a patient sit on the bed or in a chair

Patients may be moved to other areas of the hospital for tests. During this time, other patients may be brought into the unit. You can expect a busy place. Sometimes, the staff asks all visitors to leave the unit to preserve a patient's privacy.

The healthcare team

Many types of caregivers may take care of you or your loved one while in the hospital. Different patients will need different types of care. Here is a list of the types of doctors, nurses and other caregivers you may meet or hear about.

Anesthesia and pain management specialists

These specialists are trained to work with patients who are in pain. They create a plan to ease pain and improve quality of life.

Treatments may include:

- Medications
- Implanting pumps or nerve simulators
- Physical therapy or behavioral programs

Case managers

All admitted patients have a case manager. Case managers have experience to help you and/or your loved ones through the hospital stay.

Case managers can:

- Work with insurance companies
- Assist getting supplies needed at home
- Help patients learn how to care for themselves
- Refer to a home health agency if needed
- Help with continued care
- Coordinate transfer to a rehabilitation facility
- Contact the TSN coordinator onsite as needed

Chaplains

Chaplains have special skills to help people during times of illness. They meet the spiritual needs of patients and their loved ones from many different religions. Chaplains visit all who want spiritual support.

Chaplains can provide:

- Pastoral care visits
- Pastoral counseling
- Worship
- Memorial services
- Support groups

Pastoral care can be contacted by phone at **(203) 739-7059**. You can also make a request through your medical team.

Dietitians

Dietitians work closely with the trauma team in caring for patients. For example, if a patient needs a feeding tube at home, the dietitian explains the proper diet.

Neurosurgeons

Neurosurgeons are doctors who are trained in surgery for the brain or spinal cord.

Nurses

Nurses work closely with the trauma team to help manage the care and recovery of patients.

Nurse practitioners (NPs) or advanced practice registered nurses (APRNs)

These are nurses who have advanced training and manage patients along with the doctor.

Trauma nurse practitioners can:

- Perform physical exams
- Order and interpret tests
- Prescribe medications and other treatments
- Refer patients to other specialists

Occupational therapists

Occupational therapists help patients regain strength so they can perform daily tasks including:

- Getting out of bed
- Eating
- Dressing
- Using the toilet and bathing

They can also recommend equipment that can help patients in performing these tasks.

Orthopedic surgeons

Orthopedic surgeons are physicians who have specialized training in repairing broken bones.

Patient care technicians

Patient care technicians help nurses with a patient's care. They have advanced technical skills and may start an IV, draw blood or insert or remove catheters. They may also help get the patient out of bed or help with feeding. Care technicians work under the direction of a nurse or a doctor.

Patient transporters

Patient transporters are members of the healthcare team that assist with the physical transportation of patients between departments. They are under the direction of the nursing staff and are skilled in handling patients during transitions.

Pediatricians

Pediatricians are doctors who have specialized training in treating children and adolescents.

Pharmacists

Pharmacists work closely with nurses and doctors. They provide information and help with choosing medicines.

Physiatrists or rehabilitation medicine physicians

Physiatrists are doctors who use a number of tests and exams to plan a patient's rehabilitation. They prescribe devices including wheelchairs, braces and artificial limbs. Their goal is to help the patient live independently.

Physical therapists

Physical therapists can help patients regain their strength and movement. They also help with stiff joints and other problems with moving and wound healing.

Procedure nurses

Procedure nurses have special training to help surgeons perform such procedures as opening a patients' airway, examining their lungs and changing surgical dressings.

Psychiatrists

Psychiatrists are medical doctors (MDs) who treat mental and emotional disorders. Psychiatrists can prescribe medication.

Psychotherapists

Psychologists are licensed mental health professionals. A psychologist is not a medical doctor but has advanced training at the master's or doctoral level (a PhD or PsyD).

Residents/surgical residents/medical residents

Residents are licensed physicians who are getting more training in a specialty. They provide patient care and keep the attending doctor informed of each patient's progress.

Respiratory therapists

Respiratory therapists provide breathing support and treatments. Respiratory therapists are specially trained and state licensed.

Social workers

Social workers help patients and family members adjust to the injury. Hospital social workers specialize in medical and crisis counseling. They talk with patients and the medical team. They also help patients and families with services both within the hospital and in the community. The social worker also may help ease the change from hospital to home.

Speech and language therapists

Speech therapists work with patients on language, memory and swallowing problems, often under the direction of a physiatrist. They may also evaluate hearing.

Student nurses

Since Danbury Hospital is an affiliated academic institution, student nurses are present on the medical floors during the patient's care. They assist with direct

patient care under the direct supervision of the registered nurse.

Surgical intensive care physician assistants (SICU APPs)

SICU APPs are physicians assistants and advanced practice nurses who have specialized training in caring for critically ill and injured patients in the ICU. They will oversee the total care of patients in the hospital along with the trauma surgeons. They regularly visit patients to check on their progress and coordinate with other members of the trauma and medical team.

Trauma surgeons

Trauma surgeons are doctors who have years of training in trauma surgery. A trauma surgeon is in the hospital 24 hours a day. They will oversee the total care of you or your loved one while in the hospital. They regularly visit patients to check on their progress and coordinate with other members of the trauma team.

Trauma Survivors Network coordinators

The Trauma Survivors Network (TSN) coordinator helps coordinate support through recovery. The TSN coordinator is specially trained by the American Trauma Society to provide helpful resources and support during recovery from major injury.

Your Danbury Hospital TSN coordinator is:

Rosa Bowden-MacCalla **(203) 739-7562**

rosa.bowden-maccalla@nuvancehealth.org

Trauma Survivors Network peer visitors

All peer visitors have received hospital training as volunteers and specialized training as peer visitors. Although peer visitors are not trained counselors and will not offer medical, legal or personal advice, they understand the concerns of a trauma patient and provide a "been there, done that" perspective. They are available upon request through the Trauma Survivors Network coordinator: **(203) 739-7562**.

Unit coordinators

Unit coordinators are available in the emergency department and inpatient floors. They are available to answer questions regarding general hospital navigation and policies.

Patient rights and responsibilities

At Danbury, New Milford, Sharon and Norwalk Hospitals (referred to as "the hospitals"), the first concern is caring for patients and restoring them to health. To be most effective, this effort must be a partnership of the healthcare team and the patient, working together in an atmosphere of mutual consideration and respect. The hospitals respect patients' cultural and personal values, beliefs and preferences and their right to privacy, pain management, full information about their care and freedom from unlawful discrimination.

This bill of rights and responsibilities is intended to comply with the requirements of the Joint Commission on the Accreditation of Healthcare Organizations, American Medical Association and professional association guidance and the relevant provisions of Connecticut and federal law, including the provisions of the Medicare Conditions of Participation for Hospitals addressing patients' rights, 42 Code of federal regulations statute 482.13. To achieve and maintain effective healthcare for all patients, the board of directors has adopted the following principles governing patient treatment, safety, concerns and responsibility.

To download or view an electronic version of Patient Rights and Responsibilities, visit: nuvancehealth.org/patients-and-visitors/patient-relations-and-patient-experience/rights-and-responsibilities-connecticut or scan the QR code below using the camera feature on your electronic device.



Scan the QR code to visit the Patient Rights and Responsibilities section of our website

Medical information: what is kept, why and who has access?

When you or a loved one comes to the hospital, we will ask for information related to your care. We may keep this information as paper records or in a computer file.

We keep the following:

- Name
- Address
- Date of birth
- Next of kin
- Information about medical conditions and treatments
- We also keep any X-rays and test reports on file for a limited period
- Stay connected with the patient portal and access medical records, visit notes, test results and more. For more information, visit: nuvancehealth.org/patients-and-visitors/patient-portals.

There are very strict laws about who may see this information:

- You can see your own medical records
- Your own medical caregivers can see them.
- Some other members of the hospital staff may see the information for other reasons, such as teaching purposes or to monitor care in the hospital.
- Your family and friends are not allowed to see your records unless you give permission.
- Your legal representative can see the information.

Authorization for access to medical records

A patient may give someone else permission to see their medical records. To do this, a patient completes an Authorization to Access Medical Record form. This form can be provided by your medical staff. In some cases, you may need an attorney.

For instance, you will need an attorney if:

- Your loved one is over 18 years of age
- Your loved one is unable to sign and no one has power of attorney

Your trauma team can help you choose a person for direct communication and updates.

If a patient cannot make decisions

Ideally, patients would always be able to make their own healthcare choices. When they are not able to do so, the trauma team will consult the patient's medical power of attorney. This is a person chosen by the patient who can make decisions that are in keeping with the patient's wishes. This type of power of attorney only applies to healthcare. Another option is a court-appointed guardian. This is a person named by the court, not the patient, to make choices about the patient's healthcare.

When a medical power of attorney or a court-appointed guardian is not available, the trauma team will consult a backup decision maker. This is an adult who has shown care and concern for the patient, knows the patient's values and is available. When a patient cannot make their own choices due to injury or illness, the medical team will choose one person to make all decisions for the patient.

This choice is spelled out by law and is made in the following order:

- Husband or wife
- Adult child
- Parent
- Adult brother or sister
- Any other adult relative of the patient
- Any other adult friend who meets the above criteria

If you have questions about making decisions for the patient, please ask the trauma unit staff.



Notes:

Glossary of common medical terms

Procedures

Craniectomy: removing part of the skull bone to give the brain more room to swell. This type of surgery may also be done when a clot is removed. The skull bone is replaced when the patient is better (usually several months later).

Craniotomy: making a surgical incision through the cranium (the part of the skull that encloses the brain); usually done to relieve pressure around the brain.

Gastrostomy: surgery to make an opening into the stomach to place a feeding tube. This surgery is often done at the bedside. The feeding tube is usually temporary. The doctor may remove it when the patient is able to eat food.

Jejunostomy: surgery to make an opening in the small intestine to place a feeding tube. The feeding tube is often temporary. The doctor may remove it when the patient is able to eat food.

Laparotomy: surgery that opens the abdomen so doctors can examine and treat organs, blood vessels or arteries.

Suction: a procedure to remove secretions from the mouth and lungs. Doctors also use suction to remove fluid during surgery.

Thoracotomy: surgery to open the chest.

Tracheostomy: surgery that makes an incision in the throat area just above the windpipe (trachea) to insert a breathing tube. When it is complete, the breathing tube in the mouth will be taken out. This surgery is often done at the bedside. The tracheostomy tube may be removed when the patient can breathe on his or her own and can cough up secretions.

Equipment

Ambu bag: a device used to help patients breathe.

Blood pressure cuff: a wrap that goes around the arm or leg and is attached to the heart monitor. The cuff lightly squeezes the arm or leg to measure blood pressure.

Cervical collar (C-collar): a hard plastic collar placed around the neck to keep it from moving. Most patients have a C-collar until the doctor can be sure that there is no spine injury. If there is no injury, the doctor will remove the collar.

Continuous passive motion (CPM): a machine that gives constant movement to selected joints. It is often used in the hospital after surgery to reduce problems and help recovery.

Electrocardiogram (ECG/EKG): a painless tracing of the electrical activity of the heart. The ECG gives important information about heart rhythms and heart damage.

Endotracheal tube: a tube that is put in the patient's mouth and down into the lungs to help with breathing. The patient cannot talk while it is in place because the tube passes through the vocal cords. When it is taken out, the patient can speak but may have a sore throat.

Foley catheter: a tube placed in the bladder to collect urine.

Halo: A device used to keep the neck from moving when there is a cervical spine injury. When used, a C-collar is not needed.

Intracranial pressure (ICP) monitor: a tube placed in the brain to measure pressure on the brain caused by excess fluid.

IV fluid: fluid put in the vein to give the patient drugs and nutrition (food).

IV pump: a machine that gives a precise rate of fluids and/or drugs into the vein.

Nasogastric (NG) tube: a tube put into the patient's nose to give drugs and nutrition (food) directly into the stomach. It can also be used to get rid of excess fluids from the stomach.

Orthotic: a device, such as a splint, that keeps a part of the body from moving around.

Prosthetic: a device that replaces a missing body part, such as a leg, arm or eye.

Pulmonary artery catheter: a line placed into a shoulder or neck vein to measure heart pressure and to tell how well the heart is working.

Pulse oximeter: an electronic device placed on the finger, toe, or ear lobe to check oxygen levels.

Triple lumen catheter: a line placed into a shoulder or neck vein to give IV fluids and drugs.

Tube feeding pump: a machine to give fluids and nutrition (food) in the stomach or small intestine using a nasogastric (NG) tube.

Ventilator: a breathing machine, sometimes called a respirator, that helps patients breathe and gives oxygen to the lungs.

Anatomy/bones, skeletal

Acetabulum: the hip socket.

Carpals: the eight bones of the wrist joint.

Clavicle (collarbone): a bone curved like the letter F that moves with the breastbone (sternum) and the shoulder blade (scapula).

Femur: the thigh bone, which runs from the hip to the knee and is the longest and strongest bone in the skeleton.

Fibula: the outer and smaller bone of the leg from the ankle to the knee; it is one of the longest and thinnest bones of the body.

Humerus: the upper bone of the arm from the shoulder joint to the elbow.

Ilium: one of the bones of the pelvis; it is the upper and widest part and supports the flank (outer side of the thigh, hip and buttock).

Ischium: the lower and back part of the hip bone.

Metacarpals: the bones in the hand that make up the area known as the palm.

Metatarsals: the bones in the foot that make up the area known as the arch.

Patella: the lens-shaped bone in front of the knee.

Pelvis: three bones (ilium, ischium, and pubis) that form the girdle of the body and support the vertebral column (spine); the pelvis is connected by ligaments and includes the hip socket (the acetabulum).

Phalanges: any one of the bones of the fingers or toes.

Pubis: the bone at the front of the pelvis.

Radius: the outer and shorter bone in the forearm; it extends from the elbow to the wrist.

Sacrum: five joined vertebrae at the base of the vertebral column (spine).

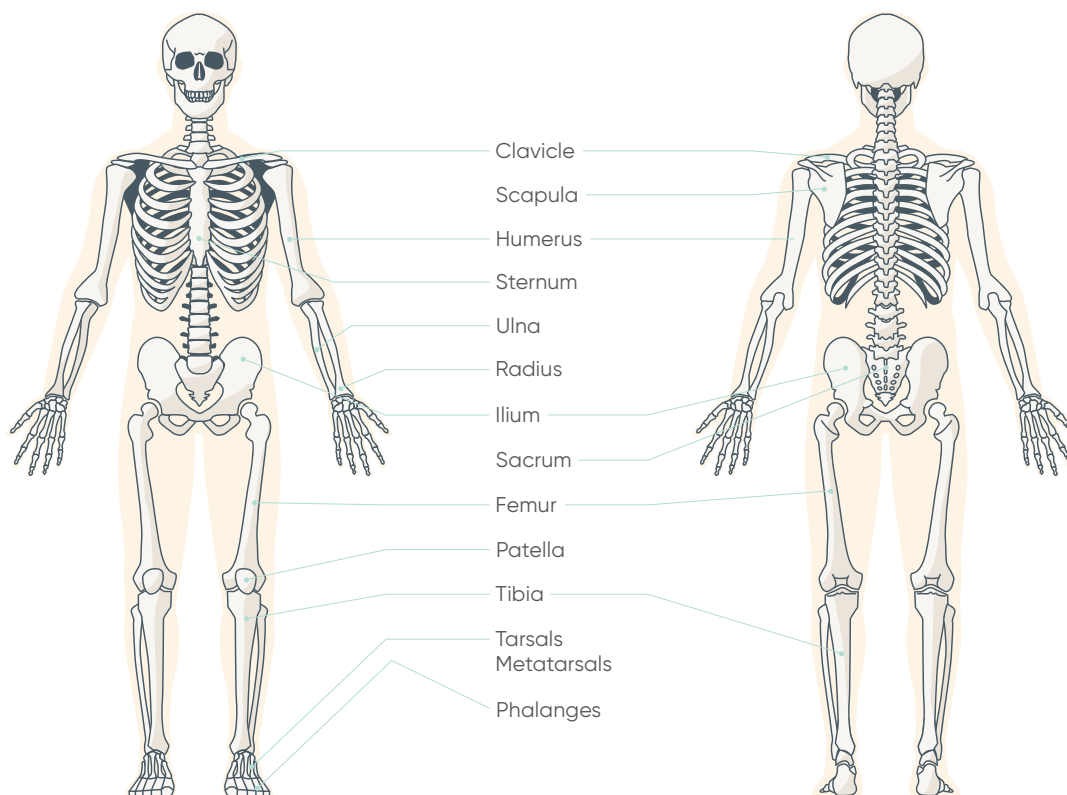
Scapula (shoulder blade): the large, flat, triangular bone that forms the back part of the shoulder.

Sternum (breastbone): the narrow, flat bone in the middle line of the chest.

Tarsals: the seven bones of the ankle, heel, and mid-foot.

Tibia: the inner and larger bone of the leg between the knee and ankle.

Ulna: the inner and larger bone of the forearm, between the wrist and the elbow, on the side opposite the thumb.



Bones in the skull and face

Frontal bone: forehead bone.

Mandible: the horseshoe-shaped bone forming the lower jaw.

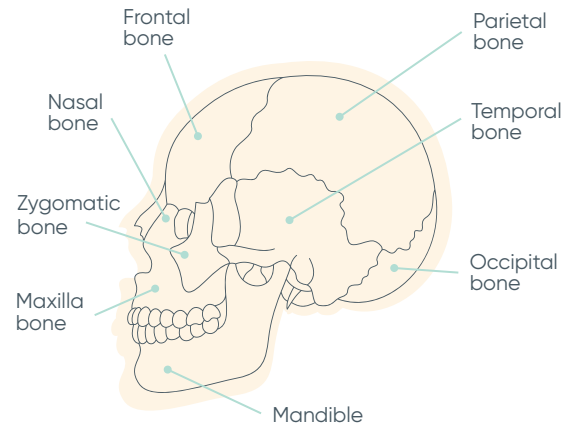
Maxilla: the jawbone; it is the base of most of the upper face, roof of the mouth, sides of the nasal cavity and floor of the eye socket.

Nasal bone: either of the two small bones that form the arch of the nose.

Parietal bone: one of two bones that together form the roof and sides of the skull.

Temporal bone: a bone on both sides of the skull at its base.

Zygomatic bone: the bone on either side of the face below the eye.



Bones in the spine

Atlas: the first cervical vertebra.

Axis: the second cervical vertebra.

Cervical vertebrae (C1–C7): the first seven bones of the spinal column; injury to the spinal cord at the C1–C7 level may result in paralysis from the neck down (quadriplegia).

Coccyx: a small bone at the base of the spinal column, also known as the tailbone.

Intervertebral disk: the shock-absorbing spacers between the bones of the spine (vertebrae).

Lumbar vertebrae (L1–L5): the five vertebrae in the lower back; injury to the spinal cord at the lumbar level may affect bowel and bladder function and may or may not involve paralysis below the waist (paraplegia).

Sacral vertebrae: the vertebrae that form the sacrum.

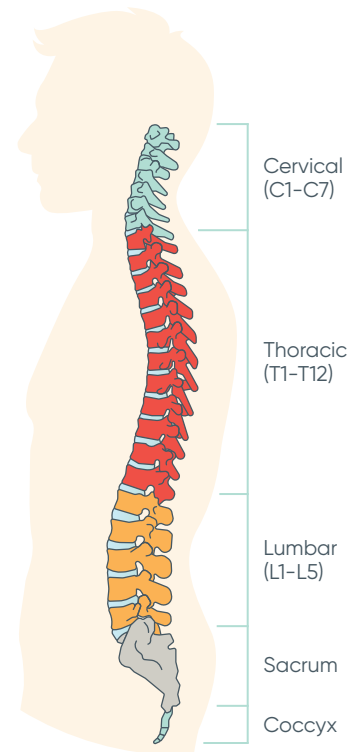
Sacrum: five joined vertebrae at the base of the vertebral column (spine).

Sciatic nerve: the largest nerve in the body, passing through the pelvis and down the back of the thigh.

Spinous process: the small bone that protrudes at the back of each vertebra.

Thoracic vertebrae (T1–T12): the 12 vertebrae in the middle of the back that are connected to the ribs; injury to spinal cord at the thoracic level may result in paralysis from the waist down (paraplegia) and may affect other organs such as the liver, stomach and kidneys, and functions such as breathing.

Transverse process: the two small bones that protrude from either side of each vertebra.



Brain

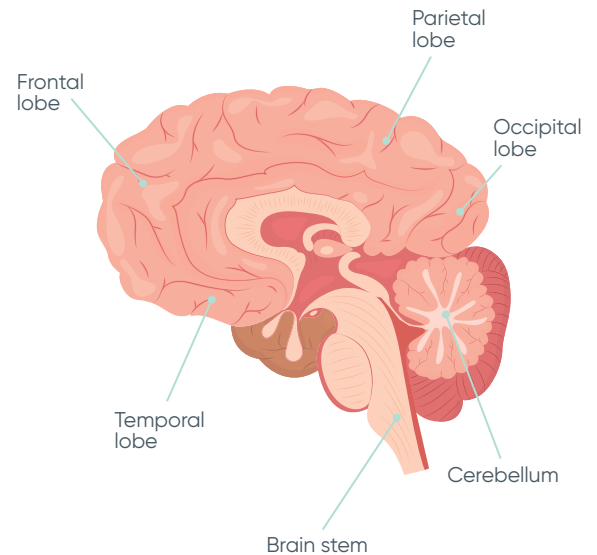
Brain stem: the part of the brain that connects to the spinal cord; it controls blood pressure, breathing and heartbeat.

Cerebellum: the second-largest part of the brain; it controls balance, coordination, and walking.

Cerebrum: the largest part of the brain, with two halves known as hemispheres; the right half controls the body's left side, and the left half controls the body's right side.

Each hemisphere is divided into four lobes:

- **Frontal lobe:** area behind the forehead that helps control body movement, speech, behavior, memory and thinking.
- **Occipital lobe:** area at the back of the brain that controls eyesight.
- **Parietal lobe:** top and center part of the brain, located above the ear, that helps us understand things like pain, touch, pressure, body-part awareness, hearing, reasoning, memory and orientation in space.
- **Temporal lobe:** part of the brain near the temples that controls emotion, memory, and the ability to speak and understand language.



Digestive system and abdomen

Colon: the final section of the large intestine; it mixes the intestinal contents and absorbs any remaining nutrients before the body expels them.

Duodenum: the first part of the small intestine; it receives secretions from the liver and pancreas through the common bile duct.

Esophagus: the muscular tube, just over nine inches long, that carries swallowed foods and liquids from the mouth to the stomach.

Gallbladder: a pear-shaped sac on the underside of the liver that stores bile received from the liver.

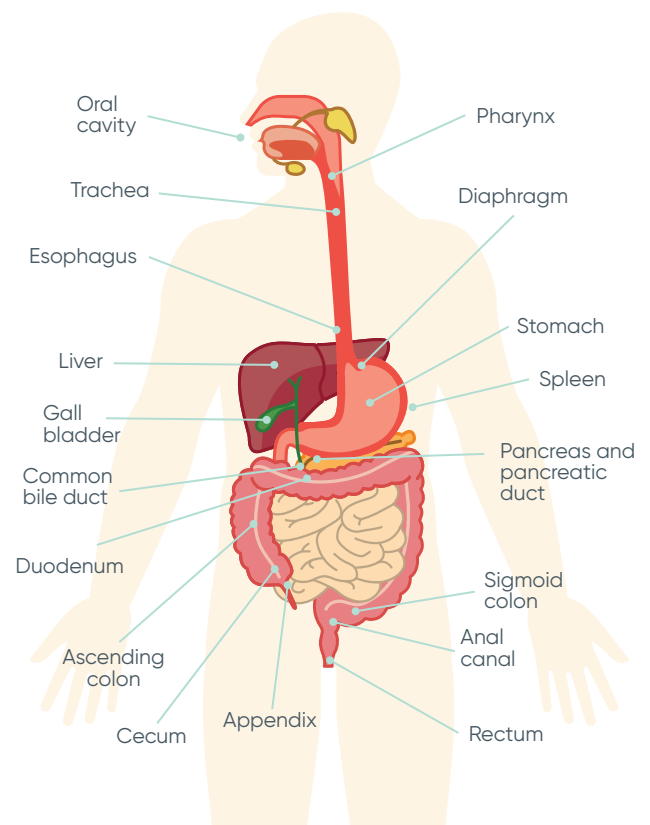
Ileum: the lower three-fifths of the small intestine.

Jejunum: the second part of the small intestine extending from the duodenum to the ileum

Kidney: one of a pair of organs at the back of the abdominal cavity that filters waste products and excess water from the blood to produce urine.

Large intestine: absorbs nutrients and moves stool out of the body.

Liver: organ that filters and stores blood, secretes bile to aid digestion and regulates glucose; due to its large size and location in the upper right portion of the abdomen, the liver is the organ most often injured.



Pancreas: gland that produces insulin for energy and secretes digestive enzymes.

Pharynx (throat): the passageway or tube for air from the nose to the windpipe and for food from the mouth to the esophagus.

Rectum: the lower part of the large intestine between the sigmoid colon and the anus.

Sigmoid colon: the S-shaped part of the colon between the descending colon and the rectum.

Small intestine: the part of the digestive tract that breaks down and moves food into the large intestine and absorbs nutrients.

Spleen: organ in the upper left part of the abdomen that filters waste, stores blood cells and destroys old blood cells; it is not vital to survival but without it there is a higher risk of infections.

Stomach: the large organ that digests food and then sends it to the small intestine.

Respiratory system

Diaphragm: dome-shaped skeletal muscle between the chest cavity and the abdomen that contracts when we breathe in and relaxes when we breathe out.

Epiglottis: a flap of cartilage behind the tongue that covers the windpipe during swallowing to keep food or liquids from getting into the airway.

Larynx (voice box): part of the airway and place in the throat where the vocal cords are located.

Lung: one of two organs in the chest that delivers oxygen to the body and removes carbon dioxide from it.

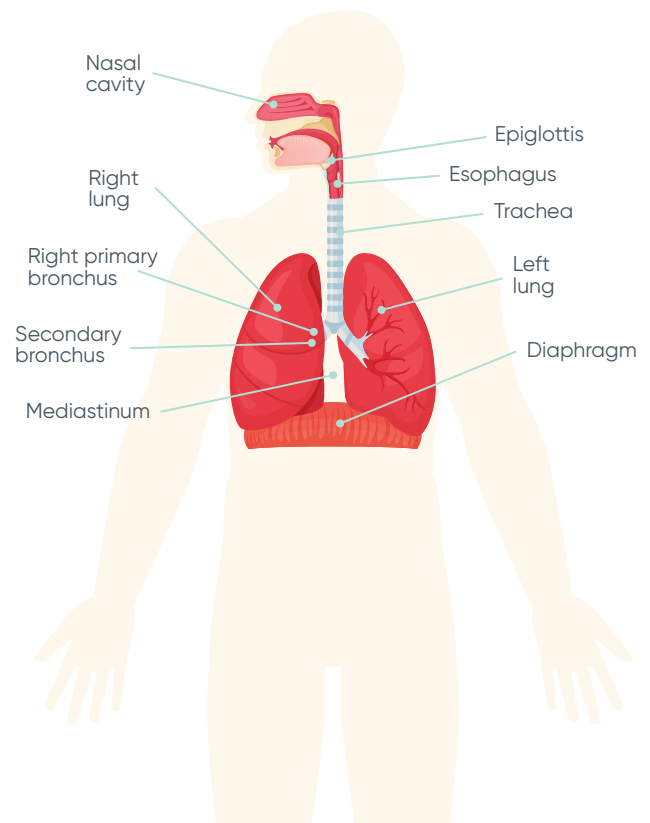
Mediastinum: the part of the body between the lungs that contains the heart, windpipe, esophagus, the large air passages that lead to the lungs (bronchi) and lymph nodes.

Nasal cavity: a large air-filled space above and behind the nose in the middle of the face where inhaled air is warmed and moistened.

Pharynx (throat): the passageway or tube for air from the nose to the windpipe and for food from the mouth to the esophagus.

Trachea (windpipe): the main airway that supplies air to both lungs.

Vocal cord: either of two thin folds of tissue within the larynx that vibrate air passing between them to produce speech sounds



Hospital resources

Banking (ATMs)

- Stroock entrance near the Praxair Cancer Center
- Main Buck Pavilion

Case management

Case managers are available in the emergency department and on inpatient floors. Speak to your nurse or doctor to request services.

Communication services

Available free of charge in the emergency department and on inpatient floors. Speak to your care provider or call **TTY (800) 842-9710**

- For non-English speakers
- For the hearing impaired
- For the visually impaired

Dining

- Cafeteria, third floor, Stroock building
- Bistro (open 24/7), main entrance, Buck Pavilion
- Praxair Café, first floor, Stroock building

Division of trauma

(203) 739-7131

Donating to Trauma Survivors Network

Visit: nuvancehealth.org/givenow



You can also donate online by snapping the QR code.

In the "Leave a comment" section, please add:
Trauma Survivors Network/Danbury Hospital

Gift shop

(203) 739-7400

Main entrance, Buck Pavilion

Goldstone Caregiver Center

Buck Pavilion **(203) 739-7027**

goldstonecaregivercenter@nuvancehealth.org

Mental health services

- Suicide & Crisis Hotline: **988**
- Crisis Team Hotline: **(203) 739-7799**

Pain management

Speak to your nurse or doctor.

Patient financial assistance

(203) 739-7773

Available in English, Spanish, Portuguese, Mandarin, Haitian Creole, Arabic and Albanian.

Patient information

(203) 739-7000

Pharmacy

(203) 792-2040

Walgreen's Pharmacy, first floor, Stroock building

Spiritual care

(203) 739-7885

Chapel located on the fifth floor, Tower building

Trauma survivors coordinator (TSN)

Rosa Bowden-MacCalla **(203) 739-7562**

email: rosa.bowden-maccalla@nuvancehealth.org

Website:

traumasurvivorsnetwork.org/trauma_centers/182



Support groups

Participating in support groups can help build connections with others who have gone through similar experiences, boost mood and ease the transition into life after injuries.

Danbury Hospital has injury-focused support groups hosted by TSN and connections to additional resources in the community. We also have counselors/social workers available to talk to you. Check with your medical staff to determine the best support options available.

NextSteps online

NextSteps is a FREE online program to help you manage after a serious injury. Engage in the weekly education modules and live chats with other trauma survivors. NextSteps can help explore the ways life has changed after traumatic injury and how to move forward. This program can help you or your loved one manage difficult emotions and find the courage to achieve goals. Join us! Visit: nextstepsonline.org

Virtual support group for trauma survivors

Virtual support groups are free 90-minute online groups to support survivors of physical injury. Groups are co-led by TSN trauma professionals and TSN peers on the 2nd and 4th Wednesday of each month.



Insurance and disability information

Insurance and disability

Insurance coverage for trauma patients can be very complex. A financial counselor can help with insurance and payment questions.

Financial assistance

If you do not have health insurance or are concerned that you may not be able to pay for your care in full, we may be able to help.

We are committed to helping you understand your total bill. If you have questions, please contact our patient access and financial services departments at: **Danbury Hospital (203) 749-2650**

Medicaid

To apply for Medicaid, contact the Department of Social Services (DSS) in the city or county where you live.

Connecticut DSS: (855) 626-6632 or visit: **connect.ct.gov**

New York DSS: (212) 361-8000

Disability payments

Payments to help a patient through long-term or short-term disability are different. Patients or family members are responsible for applying for these payments. Your social worker or case manager can answer basic questions.

Applying for short-term disability

Your loved one may be entitled to short-term disability through an employer. If you are applying for short-term disability, please remember:

- Sign everything on the form that needs to be signed and identify the fax number at work where the forms should be sent (usually the human or personnel services office).
- It is best to submit these forms while your loved one is still in the hospital.
- Doctors complete the forms in their offices. The office staff returns the papers to you to submit to the employer, or the doctor may choose to fax the forms directly to the employer.
- For questions about your forms, contact the trauma offices at **(203) 739-7131** or your physician's office number. Completion of these forms typically takes 7-10 business days.

Social security

Social security pays benefits to people who cannot work because they have a medical condition that is expected to last at least one year or result in death. The Social Security website (**ssa.gov**) is easy to use if you apply for supplemental security income (SSI). You can call **(800) 772-1213** or call your local social security office. It takes many months to process an application, so it is a good idea to get started quickly.

Letters for employers, schools and others

The hospital has letters for employers, schools or courts to inform them that you or your loved one are in the hospital. Your nurse can tell you how to get these letters. They are available only during the hospital stay. After discharge, you will need to contact your doctor's office directly.

Discharge

In this section, you will find information to help you transition out of the hospital. This includes the planning for discharge, practical information and resources and a place to keep track of doctor's names, procedures completed and any questions you may have.



After the hospital: planning for discharge

Many patients need specialized care after they leave the hospital. This can include:

- Special equipment
- Nursing care
- Physical therapy
- Occupational therapy
- Speech therapy

A case manager or social worker will work with you to make a plan. They may talk with your insurance company to see what it will pay. They can also help you arrange for care. If you do not have health insurance, the social worker or financial counselor can help find out where you can apply for assistance.

Levels of care in the community

Each person, injury and path to recovery is different. Your trauma team can tell you which level of care is best. Your social worker or case manager will help you find the care you need. They will take into account your insurance and your ability to pay.

Levels of care:

Rehabilitation hospital

People who can do three hours or more of therapy each day may be able to go to an acute rehabilitation hospital. Patients have freedom of choice when deciding upon a rehabilitation hospital.

Skilled nursing facility

Patients who are not well enough to do three hours of therapy each day but still need therapy may benefit from a short stay at a skilled nursing facility. Such care is available at many local nursing homes and can be arranged by the case manager.

Home care

Some patients can live at home with nurses and therapists coming to them. The case manager will arrange for these types of services. They can also give you the name and phone number of a home health agency.

Outpatient care

Patients who can go out of their home for therapy will be given a prescription when they are discharged. This is a doctor's note that you will need to make your own appointments. The case manager may be able to give you the names of providers near your home.

Home with no home care

Many patients do not need home care from a nurse or therapist. They are discharged to the care of family. The trauma doctor may tell you to come back to see them or to see your own doctor after you are discharged. You will need to make your own appointments with the physician's office.

Notes:

Skilled nursing facility preferences:

1.	4.
2.	5.
3.	6.

Rehabilitation preferences:

1.	4.
2.	5.
3.	6.

Personal health information

Use the following pages to list:

- Names of the doctors, nurses and others who are caring for you or your loved one
- Injuries and procedures
- Questions you may have
- Things you need to do and get
- There is also space at the end of this booklet for you to write down anything else you may want to note.

Names of providers

Many doctors, nurses and others will be taking care of your or your loved one. They are all part of the trauma team, led by the trauma surgeon.

The board-certified trauma surgeons provide 24-hour coverage of the trauma center. They are called the attending trauma surgeons. We also train future surgeons. They are known as surgical residents. Other members of the trauma team and their roles are listed at the beginning of this handbook.

Who are the attending trauma surgeons and residents? _____

Who are the physician consultants?

These are doctors who help with the diagnosis and treatment of specific types of injuries.

Orthopedic surgery _____
Neurosurgery _____
Spine surgery _____
Plastic surgery _____
Rehabilitation _____
Other _____

Who are the nurses taking care of your loved one? _____

Who is the Trauma Survivors Network (TSN) coordinator? _____

Who else in the hospital is helping to provide care? _____

Physical therapist _____

Occupational therapist _____

Speech pathologist _____

Psychologist _____

Psychiatrist _____

Social worker _____

Financial counselor _____

Other _____

Injuries and procedures

List of major injuries:

1. _____

2. _____

3. _____

4. _____

5. _____

List of major procedures:

1. _____

2. _____

3. _____

4. _____

5. _____

Questions to ask the doctors and nurses

Things to do and get

Remember, ask for help

Recovery

In this section, you will find information on dealing with grief and loss, post-traumatic stress disorder and/or symptoms, words of wisdom from fellow survivors and resources available during recovery.



Your response to the injury: grief and loss

Just as our bodies can be traumatized, so can our minds. Trauma can affect emotions and will to live. The effect may be so great that your usual ways of thinking and feeling may change. The ways you used to handle stress may no longer work.

Patients may have a delayed reaction to their trauma. In the hospital, they may focus on their physical recovery rather than on their emotions. As they face their recovery, they may have a range of feelings, from relief to intense anxiety.

Family members and their loved ones may also go through a range of emotions between first hearing the news of the injury and on through the patient's recovery.

Trauma patients and their loved ones often feel loss on some level. The loss may relate to changes in health, income, family routine or dreams for the future. Each person responds to these changes in their own way. Grief is a common response. When grief does not get better, it can delay recovery and add to family problems. Knowing the early signs of depression and post-traumatic stress disorder (PTSD) is important.

Coping with loss

The stress that goes with trauma and grief can affect your health. It can also affect your decision-making during the first several months after the trauma. It is important for you to try to eat well, sleep and exercise. If you have any long-term health problems, such as heart disease, be sure to stay in contact with your doctor.

Part of recovery involves using the help of others. You can also find a support system. This can be a friend, family member, a member of the clergy, a support group or another person who has experienced similar loss. Not everyone knows what to say or how to be helpful. Some people avoid those who have experienced a trauma in their family because it makes them uncomfortable. It may take some time to find friends or family who can be good listeners.

Loss of a loved one

Few things in life are as painful as the death of a loved one. We all feel grief when we lose a loved one. Grief is also a very personal response. It can dominate one's emotions for many months or years. For most people, the intensity of initial grief changes over time. It may take both time and help to move from suffering to a way of remembering and honoring the loved one.

When to seek professional help



Sometimes grief overwhelms us. This is when professional help is useful.

You may need help if:

- The grief is constant after about six months
- If there are symptoms of PTSD or major depression
- If your reaction interferes with daily life

Your doctor can help you identify local services available for support, including the Trauma Survivors Network.

Is it stress or post-traumatic stress disorder (PTSD)?

Going through a traumatic injury can cause a range of strong emotions.

For example, it is common for people to feel or experience the following right after the injury:

- Sadness
- Anxiousness
- Crying spells
- Sleep problems
- Anger
- Irritability
- Grief or self-doubt

These emotions are perfectly normal.

For some people, distress resolves over time. For others, it may hold steady or even increase. In about one out of four people, the distress is so severe that it is called post-traumatic stress disorder (PTSD).

What is PTSD?

PTSD is a type of anxiety that occurs in response to a traumatic event. It was first described in combat veterans. Now we know that PTSD occurs in everyday life. PTSD has defined symptoms that are present for at least four weeks.

After a trauma, people may have some PTSD symptoms, but that does not mean they have PTSD. PTSD means having a certain number of symptoms for a certain length of time.

The three types of PTSD symptoms

Type	Symptoms
Hypervigilance	Having a hard time falling asleep or staying asleep Feeling irritable or having outbursts of anger Having a hard time concentrating Having an exaggerated startle response
Re-experiencing	Having recurrent recollections of the event Having recurrent dreams about the event Acting or feeling as if the event were happening again (hallucinations or flashbacks) Feeling distress when exposed to cues that resemble the event
Avoidance	Avoiding thoughts, feelings, conversations, activities, places or people that are reminders of the event Less interest or participation in activities that used to be important Feeling detached; not able to feel

Only a mental health professional can diagnose PTSD, but if a friend or family member notices any of the symptoms, it may be a sign that help is needed.

Getting help if you are a victim of violence

Intimate Partner Violence (IPV) or Domestic Violence

(800) 799-7233 (English)

(800) 942-6908 (Spanish)

National Center for Victims of Crime

victimsofcrime.org

National Organization for Victim Assistance

trynova.org/help-for-crime-victims

Sexual Assault

RAINN (English) (800) 656-4673

rainn.org

RAINN (Spanish) (800) 656-4673

rainn.org/es

United Way Crisis Hotline



Wisdom from other trauma patients and their families

Dates and times for medical procedures, tests or even discharge from the hospital are not set in stone. There are usually many factors or people involved, and things do not always work out as planned. If you are scheduled for an MRI, for instance, but an emergency case comes into the unit, they must handle the emergency first. Dates and times are targets, not guarantees.

Don't be afraid to ask for pain medicine. But keep in mind that the staff must follow a process, and it may take a while to fill the request. Your nurse must get your doctor's OK before you receive any medications.

Get involved in your treatment. You have the right to know about your options and to discuss them with your doctor. If you are told that you need a certain test, feel free to ask for an explanation of the test and what that test will show.

Get a person's name at your insurance company and try to always talk to that person. The social worker or case manager at the hospital may be able to help you find this person. It is easier for you and easier for the insurance person too. Having someone who knows your case can be very helpful when the bills start rolling in.

Physical therapy can be very important. Muscles weaken very quickly, and any activity that you can handle will help you recover more quickly. Try to arrange for pain medication about 30 minutes or so before you have physical therapy. If you do this, your therapy won't hurt as much, and you will be able to do more and make more progress.

Plan ahead. Your discharge from the hospital may come more quickly than you expect, even before you feel ready to go. The best way to be ready is to make plans early. Ask your nurse about what kind of help is available to arrange for rehab, home care, equipment, or follow-up appointments. Even if you plan, you may find that you need other equipment or devices after you return home. Don't panic! Your home care provider or doctor's office can help you once you are home.

Be patient with yourself. Your recovery may not always follow a "straight line." You may feel good one day, then really tired and cranky the next. It can be frustrating to feel like you're losing ground, but you'll need to be patient and focus on your progress over time.

Take notes. Ask a family member or friend to keep a journal of what happens during your hospital stay. These notes may be interesting to you in the future.

Ask for help. Being in the hospital disrupts every bit of your life – routines, schedules, relationships and plans. You are probably used to being very independent, but you now rely on other people for help. Your family and friends probably want to help in any way they can. They only need your invitation.

About the American Trauma Society and the Trauma Survivors Network

The American Trauma Society (ATS) is a leading group for trauma care and prevention. We have been an advocate for trauma survivors for the past 30 years. Our mission is to save lives through improved trauma care and injury prevention. For details, visit: amtrauma.org

The ATS knows that a serious injury is a challenge. To help, the ATS has joined with your trauma center to help you through this difficult time. The goal of the Trauma Survivors Network (TSN) is to help trauma survivors and their families connect and rebuild their lives.

The TSN is committed to:

- Training healthcare providers to deliver the best support to patients and their families
- Connecting survivors with peer mentors and support groups
- Enhancing survivor skills to manage day-to-day challenges
- Providing practical information and referrals
- Developing online communities of support

The TSN offers its services together with local trauma centers.

These services can include:

- An online library where you can learn about common injuries and treatments
- This customized handbook for patients and their loved ones
- An online forum where trauma survivors and their families can share experiences
- NextSteps classes. NextSteps is an interactive program to help survivors manage life after a serious injury

To explore the TSN programs and services, visit our website at: traumasurvivorsnetwork.org/trauma_centers/182.

If you think we can help you – or if you want to help support and inspire others – join the TSN today! Joining takes only a minute of your time and is completely free. To register, visit: traumasurvivorsnetwork.org/signup



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Danbury, CT 06810

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(203) 739-7000

TTY/Accessibility
(800) 842-9710

nuvancehealth.org